

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18749

State File No. ....

Registrar's No. (24) 66

FILED JUN 1 1943

Registration District No. 290

Primary Registration District No. 5983

1. PLACE OF DEATH:

(a) County. Pulaski  
(b) City or town. Fort Leonard Wood, Missouri  
(c) Name of hospital or institution: Station Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 days  
(Specify whether  
In this community 28 days  
years, months or days)

3. (a) PRINT  
FULL NAME

ELTON SAMPSON (Pvt)

3. (b) If veteran,

name war

3. (c) Social Security

No. - - -

4. Sex Male 2  
5. Color or race Colored  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased July 24 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
18 9 18 hr. min.

9. Birthplace Tupelo Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-34627667

11. Industry or business Co C, 33rd Bn ERTC

12. Name Rufus Sampson  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army Records  
(b) Address Ft. Leonard Wood, Mo.

17. (a) Removal (b) Date thereof May 14, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tupelo, Miss.

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address 508 West 8th St. Rolla Mo.,

19. (a) May 13 1943 (b) Robert A. Murray  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County Lee  
(c) City or town Tupelo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1, Box 11  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1943 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 12 1943 to May 13 1943  
that I last saw him alive on May 13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Meningococcemia  
(Waterhouse-Friderichsen Syndrome)  
(2) Meningitis, meningococcic (3) Adrenal  
cortical hemorrhage, bilateral.

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature M. M. Williams R. M. D. (M.D. or other)

Address 21 Leonard Wood, Mo. Date signed 5-13-43

Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Pulaski County Health Officer

File Number 5-43-65

Date Filed 5-28-43

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.